PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number (Optional) R2180.0180/P180	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				RZIOU	J.U 16U/F 16U
Application Number 10/673,473-Conf. #1533				Filed Se	ptember 30, 2003
For AMPLIFYING CIRCUIT, SPEAKER SYSTEM, AND MOBILE INFORMATION TERMINAL EMPLOYING AMPLIFYING CIRCUIT					
Art Un	it 2685			Examiner	A. Haroon
identif	ied applicatio				
ine re	equestea exte	nsion and fee are as follows (che			•
	X One m	onth (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ 120.00
		•			
		onths (37 CFR 1.17(a)(2))	\$450	\$225	\$
		months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
	Four m	onths (37 CFR 1.17(a)(4))	\$1590	\$795	\$
	Five m	onths (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.					
	A check in the amount of the fee is enclosed. X Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account.				
×					
H					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number04-1073 I have enclosed a duplicate copy of this sheet.					
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	×	attorney or agent of record. F	Registration Number	41,198	
		attorney or agent under 37 Cl	FR 1.34.		
Registration number if acting under 37 CFR 1.34				•	
_	The NAA			May 26, 2006	
	Signature			Date	
_	Gianni Minutoli Typed or printed name			(202) 861-9191 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple form					
		all the inventors or assignees of record of the required, see below.	entire interest or their repre	esentative(s) are required.	Submit multiple forms if more
	Total of	1 forms are subm	itted.		

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